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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
99222	PHIL'S KITCHEN, INC.

3. Principal office address	City	State	Zip
133 OLD TOWER HILL ROAD, STE. 1	WAKEFIELD	RI	02879

4. Business Phone No.	5. State of Incorporation
789-0217	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
FOOD ERVICE INDUSTRY

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
CARL J. TETZNER	KENNETH J. TETZNER
Street Address: 320 WESTMORELAND STREET, UNIT D-2	Street Address: PO BOX 98
City: NARRAGANSETT, State: RI, Zip: 02882	City: PEACE DALE, State: RI, Zip: 02883
Secretary Name: KENNETH J. TETZNER	Treasurer Name: CARL J. TETZNER
Street Address: PO BOX 98	Street Address: PO BOX 98
City: PEACE DALE, State: RI, Zip: 02883	City: PEACE DALE, State: RI, Zip: 02883

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
CARL J. TETZNER	KENNETH J. TETZNER
Street Address: 320 WESTMORELAND STREET, UNIT D-2	Street Address: PO BOX 98
City: NARRAGANSETT, State: RI, Zip: 02882	City: PEACE DALE, State: RI, Zip: 02883
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	100	COMMON	NO Pe

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 20 2016
BY 9434

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative — Date

KENNETH J. TETZNER, V.P. & SECRETARY
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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